

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Neyda Rivera Teuciano

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Arcebo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

9-7-2021

Date

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2021 SEP 13 PM 5:32
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

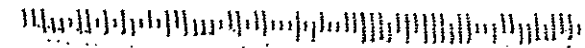
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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.

PR 1845 SRF 55593 PackID: 264896 MMLID: 361121-P SVC: MML-PC
NEYDA RIVERA FELICIANO
LCDA. NORA CRUZ MOLINA
545 AVE JOSÉ DE CEDEÑO
ARECIBO PR '00612

0061203924 0009



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yadira Ramos Cruz

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Arecibo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

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By:

[Signature]

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Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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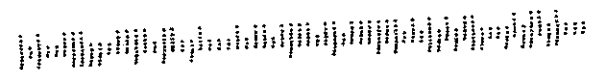
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New York NY 10163-4708

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PR 1845 SRF 55593 PackID: 325825 MMLID: 594808-P SVC: MML-PC
YADIRA RAMOS CRUZ
LCDA. NORA CRUZ MOLINA
545 AVE JOSÉ DE CEDEÑO
ARECIBO PR 00612

0061233524 0008



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro A. Chiles Lopez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

nora-cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

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Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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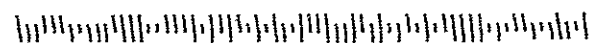
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PR 1845 SRF 55593 PackID: 73139 MMLID: 1930968-NP SVC: MML-PC
Quiles Lopez, Pedro A.
Attn: Nora Cruz Molina, ESQ
PO Box 2795
Arecibo PR 00613-2795

0061302795 B015



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Lopez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, PR. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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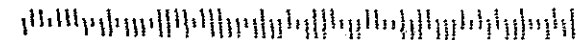
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PR 1845 SRF 55593 PackID: 73124 MMLID: 1421172-P SVC: MML-PC
QUILES LÓPEZ PEDRO A.
NORA CRUZ MOLINA
PO BOX 2795
ARECIBO PR 00613-2795

006132795 B015



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Lopez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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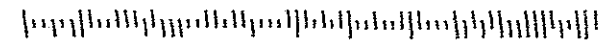
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PR 1845 SRF 55593 PackID: 73138 MMLID: 397695-P SVC: MML-PC
Quiles Lopez, Pedro
LCDA. Nora Cruz Molina
PO BOX 2795
Arecibo PR 00613-2795

006132795 B015



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Jr

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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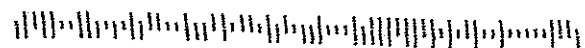
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PR 1845 SRF 55593 PackID: 73140 MMLID: 416186-P SVC: MML-PC
Quiles Lopez, Pedro A.
LCDA. Nora Cruz
PO Box 2795
Arecibo PR 00613-2795

00613B2795 B015



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vidal Santiago

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, PR. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

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Counsel

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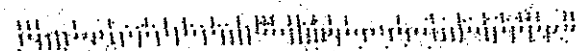
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PR 1845 SRF 55593 PackID: 310993 MMLID: 586311-P SVC: MML-PC
VIDAL SANTIAGO V. DPTO. REC. NAT. Y AMBIENTALES
LCDA. NORA CRUZ MOLINA
PO BOX 2795
ARECIBO PR 00613-2795

006132795 2015



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

José María Ramos

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Hrecibo, PR. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

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Signature

Nora Cruz Molina
Print Name

Counsel
Title (if Participant is not an individual)

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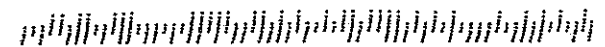
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PR 1845 SRF 55593 PackID: 14677 MMLID: 845703-NP SVC: MML-PC
ORAMA RAMOS, JOSE J
NORA CRUZ MOLINA
ATTORNEY
DESPACHO LEGAL LCDA. NORA CRUZ MOLINA
P.O. BOX 2795
ARECIBO PR 00613-2795

0061332795 B014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Jose F. Brama Ramo

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

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PR 1845 SRF 55593 PackID: 14680 MMLID: 853944-NP SVC: MML-PC
ORAMA RAMOS, JOSE JULIAN
NORA CRUZ MOLINA
DESPACHO LEGAL LCDA. NORA CRUZ MOLINA
PO BOX 2795
ARECIBO PR 00613-2795

00613-2795 B014

